

**VOLUNTEER APPLICATION**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status as it relates to federal or state law.

|  |  |
| --- | --- |
| Volunteer Position: | Date: |
| Last Name: | First Name: |
| Address: | Phone:Email: |
| ***The questions in these two boxes are optional. Answers are used solely for grant reporting.***Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sexual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race/Ethnicity:\_\_\_American Indian or Alaska Native\_\_\_Asian\_\_\_Black or African American\_\_\_Hispanic or Latino\_\_\_Native Hawaiian/Other Pacific Islander\_\_\_White Non-Latino or Caucasian\_\_\_Other |

I would like to assist Hope House in the following capacities (check all that apply):

\_\_\_\_\_ Work with children \_\_\_\_\_ Assist with shelter or house duties

\_\_\_\_\_ Work with adult clients \_\_\_\_\_ Assist with office functions

\_\_\_\_\_ Hotline Responder \_\_\_\_\_ Assist with maintenance duties

\_\_\_\_\_Board of Directors \_\_\_\_\_ Share talent or skill

 Other:­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What times are you available during the week?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

TOTAL number of days/hours a month/week you would like to work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| If you have volunteered before, please give details about where you volunteered and for how long, and describe your volunteer role. |
| Please tell us why you would like to volunteer for our organization. |
| Please tell us what you hope to gain from your experience with us. |
| Please tell us about any educational background, work, or volunteer experience that would be relevant to the volunteer position for which you are applying. |
| What hobbies, skills, special interests, or qualities do you have that may be relevant to the volunteer role for which you are applying? |
| References: Please supply us with the names of at least two references (nonrelatives).Name: Phone:Email: Relationship: |
| Name: Phone:Email: Relationship: |
| Do you have any special needs you would like to share with us? |
| Any other comments: |

**Applicant’s Agreement and Certification:**

**I authorize** Hope House of South Central Wisconsin, Inc., to investigate my responses on this application and in my interview, and contact any or all of my former employers or any individuals familiar with me or my employment and volunteer background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment and volunteer history.

**I understand** that, as part of the processing procedure for my volunteer application, an investigative report regarding my criminal record, including misdemeanors and traffic violations, will be completed. I also understand that if I am denied a position based on information included in that report, I will be supplied with a copy of that report.

**This application** for a volunteer position shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for a volunteer position beyond this time period should inquire as to whether or not applications are being accepted at that time.

**I hereby understand** and acknowledge that unless otherwise defined by applicable law, any volunteer relationship with this organization would be an “at will” nature, which means that the volunteer may resign at any time and Hope House may discharge volunteer at any time with or without cause. It is further understood that this “at will” relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

**In the event** of being offered a volunteer position, I understand that false or misleading information given in my application or interview(s) may result in denial of being accepted or discharged. I understand, also, that I am required to abide by all rules and regulations of Hope House.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Hope House is an Equal Opportunity Employer under an active Affirmative Action plan.*